10/604135

PTC/SB/06 (08-03) Approved for use through 7/31/2008, OMB 0651-0032

Un		ENT APPLIC	ATION	FEE DETE		2112222110112	ss it displays a valid OMB control number Application or Docket Number			
_			Substitu	te for Form PT	0-875			L		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		· NUMBI	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
IASIC FEE 37 CFR 1.16(8))								OR		8
OTAL CLAIMS 37 CFR 1.18(c))			minus 20 a			X \$=		OR	x \$=	
DEPENDENT CLAIMS 17 CFR 1.16(b))		is	minus 3 =			X 5 0		OR	x so	
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+:=		OR	+8	
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
		•			-			•		
	اعترا به ر	AIMS AS AM	ENDED	- PART II					OTHER	THAN
	/3/5/0 \$Column 1) (Column 2) (Column 3)				SMALL E	NTITY	OR	SMALL		
RIA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENUMEN	Total or ora 1.16(4)	- //	Minus	~2O	•	× 8=	-	1 or	× 5 •	
2	Independent (37 CFR 1.14(b))	· 3	Minus	<del>"</del> 3	= :	x s =		OR	X \$ =	7
₹	FIRST PRESENT	ATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	PR 1.16(d))	+;		OR	+: •	X
111.						TOTAL ADD'L FEE		OR.	TOTAL ADD'L FEE	
1	21081	16		(Oakena O	(Oakses 7)	ADDLFEE		] ~	ADDEFEE	
-	7 7 3	CLAIMS		(Column 2) HIGHEST	(Column 3)		<u>:</u>	1		<del>~ /</del>
ב ב		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	HONAL FEE
NOMEN	Total G7 CFR 1.16(d)	· 17	Minus	· 3	-	x s=		OR	x :	
ū	(17 GFR 1.15(b))	$\cdot$	Minus	- 3		x s=		OR	x s	
5	PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+:=		OR	+5	X
1/25/07:						TOTAL ADO'L FEE		OR	TOTAL SOO'L FEE	
6	10310	(Column 1)		(Column 2)	(Cotumn 3)			_ /		
S H C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMEN	Total (37 CFR 1.18(c))	10	Minus	-20	-/)	x s	··-	OR	X 8	
	Independent (37 CFR 1.16(st))	. 3	Minus	- 3	.0	X 8 =		OR	X 8=	$\square X$
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+,	,	OR	+: -	7
						TOTAL		OR	TOTAL	
		olumn 1 is less the	in the entr	y in column 2, wri		TOTAL ADD'L FEE		1		2

The "Highest Number Previously Paid For" (Total or Into Grance to less him at a state of the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiating is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the entered of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Offices, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.